

STANDARD CERTIFICATE OF DEATH

12383

STATE FILE NUMBER
6232

FILED JAN 17 1958

Registration District No. 149 Primary Registration District No. 1002

Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Kansas City		c. CITY OR TOWN Kansas City	
c. FULL NAME OF (If NOT in hospital, give location) Gen'l Hosp. #1		STREET ADDRESS 1421 HOLMES	
3. NAME OF DECEASED (Type or print) First Albert Middle — Last Stone		4. DATE OF DEATH Month 12 Day 29 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH July 27-1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Postal Employee		10b. KIND OF BUSINESS OR INDUSTRY U.S. Post Office	
13a. FATHER'S NAME George F. Stone		13b. MOTHER'S MAIDEN NAME Mary Foley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 500-14-2698	
17. INFORMANT Margaret A. Stephens		Address 1001 K.E.M. Jackson.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Congestive heart failure			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			4341
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Dec. 4, 1957 to Dec. 29, 1957 and last saw him alive on Dec. 29, 1957 . Death occurred at 1:50 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Robert B. Brown, M.D.		22b. ADDRESS 24th & Cherry	
22c. DATE SIGNED 12-30-57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-31-1957	23c. NAME OF CEMETERY OR CREMATORY New Hope Cemetery	
23d. LOCATION (City, town, or country) Jackson, Missouri		(State)	
24. FUNERAL DIRECTOR C. H. Blackman & Son Inc.		25. DATE RECD. BY LOCAL REG. 12-31-57	
26. REGISTRAR'S SIGNATURE Reva Minshall			

(Licensed Embalmer's Statement on Reverse Side)

K.C.M.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

B. I. B. U. M. S.

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.



STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed

W.C. Quinn

Licensed Embalmer No. *4879*

P. O. Address *W.C. Quinn*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.